

Application for Federal Assistance SF-424		
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
* 3. Date Received: <input type="text"/>	4. Applicant Identifier: <input type="text"/>	
5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>	
State Use Only:		
6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>	
8. APPLICANT INFORMATION:		
* a. Legal Name: <input type="text" value="Rhode Island Department of Environmental Management"/>		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 05-6000522	* c. Organizational DUNS: <input type="text" value="111441213"/>	
d. Address:		
* Street1: <input type="text" value="235 Promenade Street"/>	Street2: <input type="text"/>	
* City: <input type="text" value="Providence"/>	County: <input type="text"/>	
* State: <input type="text" value="Rhode Island"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text" value="02908"/>	
e. Organizational Unit:		
Department Name: <input type="text" value="Environmental Management"/>	Division Name: <input type="text" value="Office of Water Resources"/>	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Susan"/>	
Middle Name: <input type="text"/>	* Last Name: <input type="text" value="Kiernan"/>	
Suffix: <input type="text"/>	Title: <input type="text" value="Deputy Chief"/>	
Organizational Affiliation: <input type="text" value="RIDEM Office of Water Resources"/>		
* Telephone Number: <input type="text" value="401-222-4700 ext. 7600"/>	Fax Number: <input type="text" value="401-222-6177"/>	
* Email: <input type="text" value="sue.kiernan@dem.ri.gov"/>		

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9. Type of Applicant 1: Select Applicant Type:

State

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.461

CFDA Title:

Wetland Program Development Grants

*** 12. Funding Opportunity Number:**

EPA-REG1 - 13 -14

* Title:

13. Competition Identification Number:

Title:

FY13 and FY14 Region 01 Wetland Program Development Grants

14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

*** 15. Descriptive Title of Applicant's Project:**

State of the Science: Freshwater Wetland Buffers and Protection of Functions and Values

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

* a. Applicant 01

* b. Program/Project 01,02

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: 10/01/2013

* b. End Date: 09/30/2014

18. Estimated Funding (\$):

* a. Federal \$40,000
* b. Applicant \$13,600
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL \$53,600

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.) Applicant Federal Debt Delinquency Explanation**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

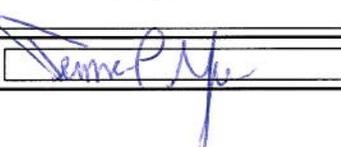
Authorized Representative:

Prefix: Mr. * First Name: Terrence
Middle Name:
* Last Name: Maguire
Suffix:

* Title: Assistant Director, Financial and Contract Management

* Telephone Number: 401-222-4700 ex. 4902 Fax Number: 401-222-3869

* Email: terrence.maguire@dem.ri.gov

* Signature of Authorized Representative:  * Date Signed: 6-13-13

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*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Empty text input area for the Applicant Federal Debt Delinquency Explanation.